

MEMBERSHIP APPLICATION

Newington Senior & Disabled Center

120 Cedar St., Newington 06111 (860) 665-8778

LAST Name		Middle Initial	
FIRST Name			
Date-of-Birth	Month:	Day:	Year:
Phone	()	Cell Phone	()
Address	Apt. #		
City		State	Zip Code
Email Address			
Ethnic Status	<input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Gender	Male _____ Female _____		
Emergency Contact Name		Relation:	
Daytime Phone (for Emergency Contact)	()	Other Phone # ()	
Other Contact Name (if available)		Relation:	
Daytime Phone	()		
Disabilities			
Hospital of Preference			
Dial-A-Ride Member	Yes _____ ** No _____ (If YES, please complete section below)		
Do you use any of the following devices:	*Manual Wheelchair _____ Electric Wheelchair _____ Power Scooter _____ Walker / Cane _____ * All Wheelchairs must be equipped with a seat belt connector.		
Do you require assistance traveling from your house to the van?	Yes _____ No _____		

APPLICANT'S CERTIFICATION

Signature of Applicant: _____ **Date:** _____